



General Assembly

February Session, 2016

Raised Bill No. 158

LCO No. 1152



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING COST-SHARING FOR MAMMOGRAMS AND
BREAST ULTRASOUNDS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-503 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 (a) (1) Each individual health insurance policy providing coverage
4 of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of
5 section 38a-469 delivered, issued for delivery, renewed, amended or
6 continued in this state shall provide benefits for mammographic
7 examinations to any woman covered under the policy that are at least
8 equal to the following minimum requirements: (A) A baseline
9 mammogram for any woman who is thirty-five to thirty-nine years of
10 age, inclusive; and (B) a mammogram every year for any woman who
11 is forty years of age or older.

12 (2) Such policy shall provide additional benefits for:

13 (A) Comprehensive ultrasound screening of an entire breast or

14 breasts if a mammogram demonstrates heterogeneous or dense breast
15 tissue based on the Breast Imaging Reporting and Data System
16 established by the American College of Radiology or if a woman is
17 believed to be at increased risk for breast cancer due to family history
18 or prior personal history of breast cancer, positive genetic testing or
19 other indications as determined by a woman's physician or advanced
20 practice registered nurse; and

21 (B) Magnetic resonance imaging of an entire breast or breasts in
22 accordance with guidelines established by the American Cancer
23 Society.

24 [(b) Benefits under this section shall be subject to any policy
25 provisions that apply to other services covered by such policy, except
26 that no such policy shall impose a copayment that exceeds a maximum
27 of twenty dollars for an ultrasound screening under subparagraph (A)
28 of subdivision (2) of subsection (a) of this section.]

29 (b) No such policy shall impose:

30 (1) A copayment or deductible for a mammogram under
31 subdivision (1) of subsection (a) of this section;

32 (2) A copayment or deductible for a comprehensive ultrasound
33 screening under subparagraph (A) of subdivision (2) of subsection (a)
34 of this section, except that a high deductible health plan, as that term is
35 used in subsection (f) of section 38a-493, shall not be subject to the
36 deductible provision set forth in this subdivision; or

37 (3) Any annual or lifetime limit on the dollar value of, or number of
38 days or visits for, a mammogram or comprehensive ultrasound
39 screening under subsection (a) of this section.

40 (c) Each mammography report provided to a patient shall include
41 information about breast density, based on the Breast Imaging
42 Reporting and Data System established by the American College of

43 Radiology. Where applicable, such report shall include the following
44 notice: "If your mammogram demonstrates that you have dense breast
45 tissue, which could hide small abnormalities, you might benefit from
46 supplementary screening tests, which can include a breast ultrasound
47 screening or a breast MRI examination, or both, depending on your
48 individual risk factors. A report of your mammography results, which
49 contains information about your breast density, has been sent to your
50 physician's office and you should contact your physician if you have
51 any questions or concerns about this report."

52 Sec. 2. Section 38a-530 of the general statutes is repealed and the
53 following is substituted in lieu thereof (*Effective October 1, 2016*):

54 (a) (1) Each group health insurance policy providing coverage of the
55 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
56 469 delivered, issued for delivery, renewed, amended or continued in
57 this state shall provide benefits for mammographic examinations to
58 any woman covered under the policy that are at least equal to the
59 following minimum requirements: (A) A baseline mammogram for
60 any woman who is thirty-five to thirty-nine years of age, inclusive; and
61 (B) a mammogram every year for any woman who is forty years of age
62 or older.

63 (2) Such policy shall provide additional benefits for:

64 (A) Comprehensive ultrasound screening of an entire breast or
65 breasts if a mammogram demonstrates heterogeneous or dense breast
66 tissue based on the Breast Imaging Reporting and Data System
67 established by the American College of Radiology or if a woman is
68 believed to be at increased risk for breast cancer due to family history
69 or prior personal history of breast cancer, positive genetic testing or
70 other indications as determined by a woman's physician or advanced
71 practice registered nurse; and

72 (B) Magnetic resonance imaging of an entire breast or breasts in
73 accordance with guidelines established by the American Cancer

74 Society.

75 [(b) Benefits under this section shall be subject to any policy
76 provisions that apply to other services covered by such policy, except
77 that no such policy shall impose a copayment that exceeds a maximum
78 of twenty dollars for an ultrasound screening under subparagraph (A)
79 of subdivision (2) of subsection (a) of this section.]

80 (b) No such policy shall impose:

81 (1) A copayment or deductible for a mammogram under
82 subdivision (1) of subsection (a) of this section;

83 (2) A copayment or deductible for a comprehensive ultrasound
84 screening under subparagraph (A) of subdivision (2) of subsection (a)
85 of this section, except that a high deductible health plan, as that term is
86 used in subsection (f) of section 38a-520, shall not be subject to the
87 deductible provision set forth in this subdivision; or

88 (3) Any annual or lifetime limit on the dollar value of, or number of
89 days or visits for, a mammogram or comprehensive ultrasound
90 screening under subsection (a) of this section.

91 (c) Each mammography report provided to a patient shall include
92 information about breast density, based on the Breast Imaging
93 Reporting and Data System established by the American College of
94 Radiology. Where applicable, such report shall include the following
95 notice: "If your mammogram demonstrates that you have dense breast
96 tissue, which could hide small abnormalities, you might benefit from
97 supplementary screening tests, which can include a breast ultrasound
98 screening or a breast MRI examination, or both, depending on your
99 individual risk factors. A report of your mammography results, which
100 contains information about your breast density, has been sent to your
101 physician's office and you should contact your physician if you have
102 any questions or concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	38a-503
Sec. 2	<i>October 1, 2016</i>	38a-530

Statement of Purpose:

To prohibit certain health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state from imposing a copayment or deductible or annual or lifetime limits on mammograms and breast ultrasounds.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]